

STATEMENT OF ECONOMIC INTERESTS

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IN THE OFFICE OF THE LAKE  
COUNTY REGISTRAR  
OF VOTERS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
FARRINGTON	Anthony	Wayne	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
ZIP CODE	OPTIONAL: E-MAIL ADDRESS		
[REDACTED]			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

County of Lake

Division, Board, District, if applicable:

Lake County Board of Supervisors

Your Position:

County Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Lake

☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: / /

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is / / through December 31, 2009.

☐ Leaving Office Date Left: / / (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is / / through the date of leaving office.

☐ Candidate Election Year: / /

4. Schedule Summary

► Total number of pages including this cover page: 6

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☒ Yes - schedule attached  
Income - Gifts Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

4/1/10

Signature

(File the original signed statement with your filing official.)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
*Anthony Fannington*

**1. BUSINESS ENTITY OR TRUST**

Name  
*William F Delones Baird Trust*

Address (Business Address Acceptable)  
*90 Rocky Point Calipatria Ca 95453*

Check one  
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000  
ACQUIRED DISPOSED  
\_\_\_\_/\_\_\_\_/09 \_\_\_\_/\_\_\_\_/09

NATURE OF INVESTMENT  
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☒ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000  
ACQUIRED DISPOSED  
\_\_\_\_/\_\_\_\_/09 \_\_\_\_/\_\_\_\_/09

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_ Yrs. remaining ☒ Other *CO TRUSTEE*

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one  
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000  
ACQUIRED DISPOSED  
\_\_\_\_/\_\_\_\_/09 \_\_\_\_/\_\_\_\_/09

NATURE OF INVESTMENT  
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000  
ACQUIRED DISPOSED  
\_\_\_\_/\_\_\_\_/09 \_\_\_\_/\_\_\_\_/09

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold \_\_\_\_\_ Yrs. remaining ☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

*Anthony Fannington*

STREET ADDRESS OR PRECISE LOCATION

*5108 Steelhead Dr.*

CITY

*Kelseyville, CA 95451*

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

*1/09* *1/09*  
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

STREET ADDRESS OR PRECISE LOCATION

*5100 Steelhead Dr.*

CITY

*Kelseyville, CA*

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

*1/09* *1/09*  
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

*WELLS FARGO*

ADDRESS (Business Address Acceptable)

*P.O. Box 30427 LA 90030*

BUSINESS ACTIVITY, IF ANY, OF LENDER

*Lender*

INTEREST RATE

*4.875%* ☐ None

TERM (Months/Years)

*30 yrs.*

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

*Chase*

ADDRESS (Business Address Acceptable)

*P.O. Box 78420, Phoenix AZ 85062*

BUSINESS ACTIVITY, IF ANY, OF LENDER

*Lender*

INTEREST RATE

*5.5%* ☐ None

TERM (Months/Years)

*30 yrs.*

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

☐ Guarantor, if applicable

Comments:

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

*Anthony Cunningham*

STREET ADDRESS OR PRECISE LOCATION  
5108 STEELHEAD DR.

CITY  
ICEBERGVILLE, CA 95451

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 ACQUIRED 1/09 DISPOSED 1/09

NATURE OF INTEREST  
☒ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

STREET ADDRESS OR PRECISE LOCATION  
2951 HENDRICKS RD.

CITY  
Lakeport, CA 95453

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 ACQUIRED 1/09 DISPOSED 1/09

NATURE OF INTEREST  
☒ Ownership/Deed of Trust ☐ Easement  
☐ Leasehold Yrs. remaining ☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
WELLS FARGO

ADDRESS (Business Address Acceptable)  
P.O. Box 30427 CA 90030

BUSINESS ACTIVITY, IF ANY, OF LENDER  
Lender

INTEREST RATE  
4.875% ☐ None

TERM (Months/Years)  
30 yrs.

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☒ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*  
No Mortgage

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER  
NA

INTEREST RATE  
 ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000 ☒ OVER \$100,000  
☐ Guarantor, if applicable

Comments:

**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name: Anthony Family

► NAME OF SOURCE  
Greg BONNETT

ADDRESS (Business Address Acceptable)  
8727 Soda Bay Rd R-ville CA 95451

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Manager Concocti Harbor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6,9,9</u>	<u>\$100.00</u>	<u>Concert tickets</u>
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE  
Robledo Family Winery

ADDRESS (Business Address Acceptable)  
Lincoln King

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Sonoma

21901 Bonness Rd. CA 94576

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10,8,09</u>	<u>\$85.00</u>	<u>Glasses/Wine</u>
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

*Anthony Fanning*

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

*Regional Council of  
Counties*  
*1215 K Street, Suite 1650*

CITY AND STATE

*Sacramento, CA 95814*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

*Travel/attend Board mtgs*

DATE(S): *1/1/09 - 12/31/09* AMT: \$ *1,653.53*  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: *Reimbursement*

*for RRC mtgs.*

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

*CA State Assoc. of Counties*  
*1100 K Street, Suite 101*

CITY AND STATE

*Sacramento, CA 95814*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

*CSAC Board of Directors*

DATE(S): *1/1/09 - 12/31/09* AMT: \$ *187.10*  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

DESCRIPTION: *Reimbursement*

*Travel/attend CSAC  
Board mtgs.*

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: \_\_\_\_\_

Comments: \_\_\_\_\_